

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2817 -62-012876
STATE FILE NUMBER

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

St. Louis

Length of stay in 1b

2 yr 3 mo

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Masonic Home of Mo.

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Belleville

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

1519 West Main St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary

Andres

Klein

4. DATE
OF
DEATH

Month

Day

Year

March

12

1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/31/77

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Aaron, Switzerland

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Frederick Andres

13b. MOTHER'S MAIDEN NAME

Mary Martin

14. NAME OF HUSBAND OR WIFE

Albert P. Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Masonic Home of Mo.

5351 Delmar Blvd.

Address

Paul D. Stein

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.)

DUE TO (b)

Generalized arteriosclerosis

unknown

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/28/59

to 3/12/62

and last saw her alive on 3/12/62

Death occurred at 9:45 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold E. Walters M.D.

22b. ADDRESS

3720 Washington St. Louis

22c. DATE SIGNED

3-13-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

3/14/62

23c. NAME OF CEMETERY OR CREMATORY

VALHALLA CEMETERY

23d. LOCATION (City, town, or county)

PAGE DALE 33

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

BAUMANN BROS. INC. - 2504 WOODSON RD
FUNERAL HOME - OVERLAND 14, MO.

25. DATE RECD. BY LOCAL REG.

MAR 13 1962

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eltou R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.